

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**☒ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.☒ ORIGINAL REPORTThis Report Covers Calendar Year: 2018☐ AMENDED REPORT☐ FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY ☐])A final reports must be filed on or before May 15 of the year in which your service to that office ends.
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.OFFICE/POSITION HELD: Orleans Parish School Board Member, District 2 RepresentativeNAME OF FILER (print full name): Ethan AshleyMailing Address: 3423 Marigny StreetCity, State, Zip: New Orleans, LA 70122

NAME OF SPOUSE(if applicable)(print full name): _____

Spouse's Occupation: _____

Spouse's Principal Business Address: _____

City, State, Zip: _____

CHECK ALL THAT APPLY☒ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.☒ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.**CERTIFICATE OF ACCURACY**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.


Signature of FilerETHICS BOARD REC'D
MAY 14 '19 PM 2:22

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="radio"/> Filer <input type="radio"/> Spouse	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
Name of Employer: <u>Center for Development and Learning</u>	
Job Title: <u>Director of Policy and Advocacy</u>	
Job Description: <u>Responsible for leading the community engagement, organizing and partnership-based work as well as policy initiatives statewide and nationally.</u>	
<input checked="" type="radio"/> Filer <input type="radio"/> Spouse	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
Name of Employer: <u>Anti-Defamation League</u>	
Job Title: <u>State and Local Advocacy Director</u>	
Job Description: <u>Manage advocacy efforts across the 25 regions and national projects/ programs with localized advocacy implications</u>	
<input checked="" type="radio"/> Filer <input type="radio"/> Spouse	<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time
Name of Employer: <u>Orleans Parish School Board</u>	
Job Title: <u>Orleans Parish School Board Member, District 2 Representative</u>	
Job Description: <u>Govern the matters of the Orleans Parish School Board</u>	
<input type="radio"/> Filer <input type="radio"/> Spouse	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="radio"/> Filer <input type="radio"/> Spouse	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	

- * You are required to disclose employment information related to both you and your spouse (if applicable).
- * List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- * Self-employment information is reported on Schedule B.

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Schedule B: Positions - Business☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest: 50 %		
Name of Business: JE Howard Investment Group, LLC		
Address: 3423 Marigny Street		
City, State, Zip: New Orleans, LA 70122		
Business Description: Investment company that specializes in community development.		
Nature of Association: General Partner		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest: 100 %		
Name of Business: EthanCharles, LLC		
Address: 3423 Marigny Street		
City, State, Zip: New Orleans, LA 70122		
Business Description: Clothing design business		
Nature of Association: Full Owner		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest: %		
Name of Business: C		
Address:		
City, State, Zip:		
Business Description:		
Nature of Association:		

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: Center for Development and LearningAddress: 1 Galleria Blvd, Suite 903City, State, Zip: Metairie, LA 70001Nature of Association: Director/EmployeeDescription of Organization: An education non-profit focused on providing evidence-based learning strategies to improve school performance.☒ Filer ☐ SpouseName of Organization: Anti-Defamation LeagueAddress: 605 3rd AveCity, State, Zip: New York, NY 10158Nature of Association: Director/EmployeeDescription of Organization: Stop the defamation of the Jewish people and to secure justice and fair treatment for all.☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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Commissioner/New Orleans Recreational Department Commission (NORDC)	
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____

* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	
Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u>	
Description of Property: <u>Single Family Detached Home</u>	
Value of the Interest in the Parcel: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Category III (\$25,000-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000) </div>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	
Location of Property: State: _____ Parish/County: _____	
Description of Property: _____	
Value of the Interest in the Parcel: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000) </div>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	
Location of Property: State: _____ Parish/County: _____	
Description of Property: _____	
Value of the Interest in the Parcel: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000) </div>	

* You are required to disclose the location by state and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule F: Income from the State, Political☒ Check if not applicable **Subdivisions, and/or Gaming Interests**☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☒ Full-time ☐ Part-timeName of Employer: Anti-Defamation LeagueAddress: 605 3rd AveCity, State, Zip: New York, NY 10158Nature of services (pursuant to such employment): Manage Partnerships and Advocacy InitiativesAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☐ Full-time ☒ Part-timeName of Employer: Orleans Parish School BoardAddress: 3520 General Degaulle Drive, Unit 5055City, State, Zip: New Orleans, LA 70114Nature of services (pursuant to such employment): Govern the Orleans Parish School BoardAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

- * You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- * Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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- ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: EthanCharles, LLCAddress: 3423 Marigny StreetCity, State, Zip: New Orleans, LA 70122Nature of services rendered or reason income was received: The sell of clothing merchandise.☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered or reason income was received: _____

- * You are required to complete SCHEDULE H if you or your spouse received income from a business.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.
- * Income received through self-employment is reported on SCHEDULE H.
- * "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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(any other income that exceeds \$1,000)

☒ Filer ☐ SpouseDescription of Income:
Rental IncomeNature of services rendered or reason income was received:
Rental agreement on residential propertyAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

- * You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.
- * Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.
- * Income from retirement accounts not reported on Schedule F should be included on Schedule I.

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Schedule J: Investment Holdings

☒ Check if not applicable

(an investment holding that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

- * You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.
- * You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- * You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.